

COMPLETION OF DECONSTRUCTION NOTICE FORM Vessel Deconstruction General Permit

Please print or type all sections of this application. All fields are required unless otherwise marked.

21	-			
I. Permit Number:		Vessel or Project Name		
II. Operator/Permittee (Party with operation which ensure compliance with Deconstruction correspondence and permit fee invoices to	ion and Site Management Plar			
Name:		Company:		
Business Phone:	Ext.	Unified Business Identifier (UBI): (UBI is a nine-digit number used to identify a business		
Cell Phone (Optional):	Fax (Optional):			
E-mail:		entity. Write "none" if you do not have a UBI number.)		
Mailing Address:		City:	State:	Zip + 4:
III. Property Owner (The party listed on the will occur. Ecology will not send corresponde used for emergency contact purposes o	dence and permit fee invoices			
Name:		Company (if applicable):		
Business Phone:	Ext.	Unified Business Identifier (UBI):		
Cell Phone (Optional):	Fax (Optional):	(UBI is a nine-digit number used to identify a business		
E-mail:		entity. Write "none" if you do not have a UBI number.)		
Mailing Address:		City:	State:	Zip + 4:
IV. On-site Contact Person (Typically the	Qualified Marine Professional	or Operator/Permittee)	
Name:		Company:		
Business Phone:	Ext.	Mailing Address:		
Cell Phone (Optional)	Fax (Optional):	City: State:	State:	Zip + 4:
E-mail:				

To request materials in a format for the visually impaired, visit https://ecology.wa.gov/accessibility, or call Ecology's ADA Coordinator at 360-407-6831, Relay Service 711, or TTY 877-833-6341.

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V. Deconstruction Activity	
Deconstruction was never started and the vessel will not be dec	onstructed / Project cancelled
The vessel has been completely deconstructed. We have remodeconstruction activity have been eliminated. Actual project start-up date (mm/dd/yy): Actual project completion date (mm/dd/yy):	ved all temporary BMPs, and all discharges associated with
The vessel has been moved to an NPDES permitted facility for tall discharges associated with deconstruction activity have been elin Date the vessel was moved (mm/dd/yy): Location moved to and NPDES permit number:	inal deconstruction. We have removed all temporary BMPs, and ninated.
☐ The vessel has been sold and/or transferred, and we no longer New owner contact information:	have operational control of the deconstruction activity.
VI. Certification of Permittees	
"I certify under penalty of law that this document and all attachments were designed to assure that qualified personnel properly gather and evaluate the who manage the system or those directly responsible for gathering the info belief, true, accurate, and complete. I am aware that there are significant penand imprisonment for knowing violations."	re information submitted. Based on my inquiry of the person or persons rmation, the information submitted is, to the best of my knowledge and
Printed Name / Company (operator/permittee only)	Title
Signature of Operator/Permittee*	——— Date
* The permit requires this application is signed by one of the A. For a corporation: By a principal executive officer B. For a partnership or sole proprietorship: By a general partner. C. For a municipality, state, federal, or other public facility: By Please sign and return this document to the following address: Washington Department of Ecology Water Quality Program – Vessel Deconstruction PO Box 47696	er or the proprietor, respectively

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